

**H.B. 843 Kentucky Commission on Services and Supports for Individuals
With Mental Illness, Alcohol and Other Drug Abuse Disorders, and Dual Diagnosis
October 16, 2003 Meeting Minutes
100 Fair Oaks Lane
Frankfort, KY**

Commission Members Present: Representative Mary Lou Marzian, Commissioner Margaret Pennington, Sen. Dan Kelly, Rep. Charles Siler, Sen. Charlie Borders, Brian Sunderland, Angela Wilkins, Wanda Bolze, William Heffron, Nick Muller, Rick Purvis, Larry Carrico, Bernie Block, Rickie Dublin, Kalem Juett, Maureen Fitzgerald, David Hanna, Commissioner Bruce Crump, Natalie Hutcheson, Tara Parker, Connie Payne.

WELCOME

- Co-Chair Representative Marzian called the meeting to order made brief introductory remarks and introduced Commissioner Margaret Pennington for attending on behalf of Co-Chair Secretary Marcia Morgan.
- Commissioner Margaret Pennington thanked everyone for attending and made brief introductory remarks.
- Co-Chair Representative Marzian asked for a motion to approve the minutes from the July Meeting. Rep. Siler motioned and the Commission members approved.

Follow -up on Substance Abuse Treatment in Kentucky

Mike Townsend, Division of Substance Abuse

Mike Townsend gave a brief introduction of his presentation stating that the last meeting focused on the Substance Abuse problems in Kentucky and how these issues affected the Mental Health Centers. The focus of the presentation was ways in which the state currently handles problems in regard to treatment for individuals with substance abuse issues. Non-violent individuals can be housed in prison for approximately \$17,000 per year, per individual or treatment can be provided for \$2,500 per year.

- The judicial referrals have increased over the last few years to our Mental Health System to provide treatment.
- The criminal justice system referrals to the Mental Health System use a large portion of mental health related funding.
- Most substance abuse services are delivered through the Community Mental Health Centers.
- Drug Courts are instrumental in providing treatment options for offenders.
- Drug Court costs are approximately \$1600 per client for treatment.
- Drug Courts are almost solely dependent on Federal Funds and funding is running out.
- Supporting the Drug Courts would cut down on the use of Mental Health dollars used to provide treatment. Currently there has not been an increase in funding dollars for the Community Mental Health Centers but because of increased referrals, the Centers are treating more individuals.
- Research has shown that incarceration is not the answer for criminals overcoming substance abuse addiction.

❖ *See meeting handout for additional information*

Kentucky Drug Courts: An Overview

Connie Payne, Drug Court Manager, Administrative Office of the Courts

Connie Payne began her presentation by restating the mission behind the Drug Court concept. They were designed to provide court supervised treatment alternatives to stop illegal drug use and drug related crime. Treating the entire person not just the crime.

- There are currently 15 adult and 5 Juvenile Drug Courts operating statewide.
- The number of drug court graduates through FY 03 was 1,012.
- Prison/jail costs saved were \$14,726,624 through FY 03.
- Costs of graduates in prison were \$17,400,328 and the cost of graduates in Drug Court was \$2,673,704.
- Child support/fees collected from Drug Court graduates through FY 03 was \$722,353.
- The present number of participants in the Drug Court Program is 828.
- Drug Courts are currently funded through the Byrne Grant, BJA Grants and DJJ Grants.
- As of June 30, 2004 the Byrne grant will expire and nine programs will close.
- As of August 31, 2003 the BJA grant will expire and 3 sites will close.
- As of March 31, 2005 the BJA grant will expire and 3 additional sites will close.
- DJJ Grants end October 31, 2003 for two counties operating Juvenile Drug Courts and June 30, 2004 for another Juvenile Drug Court. These programs will close.
- Several sites have received KY-ASAP start-up money to implement pilot programs.
- The total yearly cost to operate one Drug Court is \$221,900.

➤ Treatment	\$48,000
➤ Drug Testing	\$30,000
➤ Personnel	\$72,900
➤ Operating	\$34,800
➤ Travel	\$21,200
➤ Evaluation	\$15,000

❖ *See meeting handout for additional information regarding specific county statistics.*

Budget considerations for FY 05 is the replacement of federal funds for existing Drug Court sites of \$2,331,100 and an additional \$4,078,800 for the creation of new regionalized sites. Operation Unite provides some funding to the 5th Congressional District only; this district is funded through FY 05.

Senator Kelly stated that he opposes the building of a new penitentiary facility in the state. The building would cost \$10M and the operational costs would be \$20M annually.

Senator Borders reiterated that there has been a great deal of success with the Drug Courts and by utilizing the Drug Courts, non-violent offenders would be kept out of prison therefore making prison space available for the violent offenders. What happens with our success here as far as our existing prison facilities?

Dr. Rick Purvis stated that the current Elliott County Phase One facility can house an estimated felony prison enrollment of 680 and the maximum capacity for that facility upon completion is 1200.

Senator Kelly said that funding the Drug Courts is a smarter way to utilize the money rather than building a new prison facility. He stated that we are currently funding the court system so this is a better way to serve the population that is already funded.

Allison Ogden, CEO, Four Rivers MH/MR Board gave an overview from a treatment providers perspective. Allison stated that the Drug Courts rely on the treatment provided from the Community Mental Health Centers. Because funds are decreasing to the Community Mental Health Centers, in order to sustain the Drug Courts, state funds must be used. Drug Courts can't operate without a treatment piece.

Senator Kelly said that approximately 25% of the cost of Drug Courts are to provide treatment and that most of the treatment costs are being absorbed using existing funds. Therefore, if we agree to the \$6M funding for drug courts we would not only continue the current programs but also replace those dollars that had been diverted.

Mike Townsend stated that yes the \$6M would be replacing some funds but would also fund almost the entire drug court costs.

Commissioner Pennington asked if the \$6M estimate did include the cost for treatment?

Senator Kelly stated that you would have to add an additional \$500,000 to the \$6M to accomplish the total goal for treatment.

Rick Purvis asked whether these projected estimates included additional case managers to handle the drug court cases rather than additional probation and parole counselors?

Connie Payne stated these estimates did cover the costs for additional case managers rather than an increase in probation and parole personnel.

Lisa Rice reviewed the 2003 HB843 Reports notebook that was recently distributed. The notebook contains the required reports due by legislation as a result of HB194 and HB269. These reports will be available on the Mental Health web site in the near future.

Natalie Hutcheson, Kentucky Housing Corporation announced that they received a \$450,000 grant from The Corporation of Supported Housing. This grant will be used in part to fund a staff person who will work with all state agencies that have a stake in housing. There are currently 2395 units statewide, 6000 short of the 8333 units that are needed statewide to address the needs of everyone in the state. KHC has made the commitment to provide 532 new units within the next two years using this grant. One of the most difficult aspects of providing housing is finding the services needed for these units. We will need \$4M additional funding to provide these services to the newly created 532 units.

Regional Planning Council Summaries (Priorities and Concerns)

Dr. Phil Berger, Regional Planning Council Chair, Region 15 (Bluegrass)

- State Funding has not increased.
- Mental Health competency in jail personnel is needed.
- Transitional Housing services are needed in the region.

Dr. Berger stated that the Bluegrass Region needs to offer group transitional housing for persons with Mental Illness. Transitional Housing is almost non existent in Region 15. Dr. Berger also discussed the Bluegrass regions Jail Triage Hotline Service that was recently developed.

Commissioner Pennington stated that the Jail Triage Hotline has been very successful and the Commission may like to hear a presentation on that particular service and how it operates at a future meeting.

Senator Kelly secured an additional \$275,000 annually to provide training for judicial personnel. Groups offered this training are very responsive, therefore it is a good return on the initial investment.

John Sivley, Children's Director, Region 4 (Lifeskills)

- Supported Employment is needed in region.
- Mental Health Services for Children are lacking.
- Additional training is needed for school personnel on recognizing and dealing with Mental Health issues.

John stated that Region 4 supports the Medicaid buy-in program for supported employment and would like to see it expanded to include the disabled. As far as children, additional training is needed for school personnel in recognizing Mental Health issues in addition to behavioral issues.

Bill Heffron clarified that schools are worried if a child is taken out of class and are considered absent in order to obtain treatment for Mental Health issues, how it will effect the schools funding?

Senator Kelly suggested examining the SEED formula to find out if schools are jeopardizing their funding when a student is absent in order to obtain Mental Health treatment and if so, changes can be made to that program if necessary.

Wanda Bolze, Regional Planning Council Chair and Cathy Epperson, CEO, Region 14 (Adanta)

- A number of individuals in the region are referred to other regions or other states for Substance Abuse Treatment.
- Increased number of individuals need to remain in their own region to receive Substance Abuse Treatment.

Cathy Epperson stated that additional funding is needed to provide Substance Abuse treatment in Region 14. Individuals are waiting six months to a year to get into treatment. The region would also like to build a residential treatment facility. An eight-bed unit is estimated to cost approximately \$500,000. Additional funding would be needed to provide Outpatient Treatment. The number of clients seeking substance abuse treatment has increased but funding has not. Most of the treatment funding is coming from the Criminal Justice system.

Wanda Bolze stressed that start up money has been made available but there is no funding to sustain existing programs.

Danny Jones, CEO, Region 13 (Cumberland River)

- Demand and the need to provide services continue to grow especially in the Substance Abuse area.
- The Children's program is also growing in the number of clients requesting services.
- Substance Abuse residential treatment has a two to three week waiting period.

Danny Jones reported that Region 13 has started Crisis Stabilization Services thanks to the assistance from the Commission. The greatest need for funding is dealing with Substance Abuse so additional treatment services and options can be offered.

Commissioner Pennington asked if the region has a residential substance abuse treatment program?

Danny responded that the region does currently have a male and female residential substance abuse treatment program and they accept clients from all over the state. The waiting period is approximately 2 to 3 weeks. There is a great demand for this program and it is very successful.

Lynda Congleton, Regional Planning Council Chair and Louise Howell, CEO Region 12 (Kentucky River)

- Increasing numbers in addiction throughout the region.
- Increased trauma incidents being reported in the region.
- Increased family and domestic violence is also on the rise.

Lynda stated that because of the increasing numbers of prescription drug addictions in Region 12, trauma and violence are also on the rise. The increase in sexual promiscuity among young people in order to support their substance abuse addictions has risen greatly. The region is looking into integrating physical and mental health services and researching other funding sources. Because of the current fiscal environment the core services are in jeopardy.

Lynda also discussed the success of the Bridges program in the Kentucky River School System and how valuable the program is within the school system and with teachers.

Commissioner Pennington stated that the Bridges program is now operating in Regions 11, 12 and 13. The Bridges Program has applied for another federal grant that will hopefully carry that program to the NorthKey area.

Andrew Dorton, Regional Planning Council Chair, Region 11 (Mountain)

- Increased funding needed to continue to provide adequate services across the region.
- Bridges Program is very successful in the region but new funding sources need to be obtained.
- Transportation is still a problem.
- Child Services need funding to head off potential problems down the road.

Andrew also said that stigma seems to still be a major problem in Region 11 when dealing with individuals suffering from SMI.

Todd Trumbore, Region 9/10 (Pathways)

- Pathways region has had to use resources to provide protection for personnel conducting evaluations.
- Supported housing is a challenge because of the stigma associated with individuals who have Mental Health issues.
- Women with drug addictions giving birth to drug addicted babies has risen in the region.

Todd stated that in addition, it is difficult to find additional funding sources to provide housing options in Region 10.

Senator Kelly stated that the last budget cycle and current budget cycle would be difficult ones. The state is going to re-vamp and reduce overhead costs. However, now is the time to be planning so that when the revenue does improve new ideas can be initiated.

Senator Borders and Representative Marzian agreed with Senator Kelly and reiterated that now is the time to be planning for new programs.

David Bolt, Regional Planning Council Chair and Donna Penrose, CEO, Region 8 (Comprehend)

- Comprehend received two grants from the Health Foundation of Cincinnati that focus on school based services.
- A goal for next year is to provide depression screening for the chronically ill.
- One of the regions biggest challenges is obtaining and retaining qualified staff.

David discussed that Region 8 is working diligently on integrating mental health into the primary care sector of the community. Mental Health and Physical Health can't be separated when treating individuals appropriately. The region needs the freedom and flexibility to collect data and provide services accordingly.

Senator Borders stated that they are very lucky to have people in the community working so hard on Mental Health issues.

Carol Fausz, Regional Planning Council Chair, Gary Goetz, Coordinator, Region 7 (NorthKey)

- Adequate funding of Mental Health and Substance Abuse Services are needed to allow individuals to receive treatment services.
- Increased flexibility of funding to allow region specific targeted use.
- NorthKey (CMHC) alone is under funded in excess of \$380,000 per year based on Medicaid cost report data.

Carol Fausz stated that due to the reduction in Medicaid eligibility, services for some older adults and some children with disabilities are being eliminated, which places additional burden on State General fund dollars to support service for these individuals or leaves them without services. There are currently no psychiatric residential treatment facilities operating in Northern Kentucky. The region has been identified as needing 32 residential treatment beds.

Bernie Block, Regional Planning Council Chair, Marlene Gordon, Member, and Deb Rattle, Subcommittee Chair, Region 6 (Seven Counties)

Bernie Block reported that after a lengthy review of services, the region is proposing a pilot housing project. Specifics of this proposal are highlighted below:

- A state investment is needed in providing intensive case management regarding housing services.
- The program will target the persons who meet the Olmstead definition and are at risk for institutionalization.
- The project will provide scattered site permanent supported housing, urban as well as rural.
- There is a \$16,500 annual savings per client to provide permanent supported housing to individuals who would otherwise be institutionalized.
- The pilot project is estimated to cost \$1.9M over two years. This would provide a staff person to coordinate the services and the critical support dollars needed to provide case management.
- There are currently 175 persons with Severe Mental Illness sleeping under bridges in Jefferson County alone due to lack of space available in local shelters. There are also 67 people released annually from Central State Hospital into the shelter system.

Bernie summarized the supported housing pilot project by stating that over the next two years the region would like to provide 48 scattered site housing units. The 48 tenants will be individuals with serious mental illness or substance abuse disorders who are likely to be institutionalized if unable to find suitable, supported, permanent housing.

Senator Kelly asked for an interpretation for both transitional supported housing and permanent supported housing?

Bernie stated that permanent supported housing targets the population of individuals that would be permanently institutionalized if adequate supported housing is not provided. These individuals would not be able to live independently in the community and would end up homeless, out on the streets.

Senator Kelly asked whether scattered sites were group type facilities?

Bernie explained that the housing would be duplexes and small facilities, housing a few individuals per site.

Marlene Gordon stressed that when referring to scattered sites refer to a geographic component. It's not only the structure but where the sites are located in the community. The region would make certain that there were not 24 units in one certain geographic area but work toward making sure that those units were scattered throughout Jefferson County and the entire region, therefore serving a broader group of people and also reducing stigma.

Rick Purvis stated that this is also a problem within the prison system. Persons with severe mental illness returning to prison because there is a lack of supported housing options and often these persons go off their medications and end up back in the prison system.

Representative Marzian thanked Bernie for his involvement in the region and advocating the need for this type of housing.

Mike Townsend stated his understanding is that persons coming out of prison with felony drug convictions are legally banned from obtaining housing and wondered whether this was a local or federal ban? Many of these individuals have completed treatment for mental illness and/or substance abuse but because of this ban, are not eligible for any type of housing.

Rick stated this is a huge issue and it is a federal regulation.

Senator Borders commented that these housing issues would be difficult to prove on paper without the needed data collection.

Natalie Hutcheson responded by stating that The Corporation of Supported Housing is working on obtaining data regarding to some of these issues so the data should be available in the future for proving some of these points.

Commissioner Pennington also clarified that we have been using the 44th ranking for Kentucky when it comes to funding mental health, but the current numbers now show that Kentucky is 40th in the nation. We are at least moving in the right direction.

Linda Funk, Regional Planning Council Chair, Region 5 (Communicare)

- Transportation is problematic.
- Crisis Stabilization Services are lacking in the region.
- Access to Advanced Medications is also limited and needs to be enhanced.

Linda Funk reported that additional funding is needed to continue providing the Crisis Stabilization Unit in the region. Budget cuts are making it more difficult to operate Crisis Stabilization. The working poor are getting hit the hardest, they are the persons who can't afford their medications but are the ones who need them the most. When medications aren't accessible, it not only threatens the person's mental health, if that person is a parent, the children are also at risk, serious risk.

Senator Borders stated that with the creation of HB843 Commission, it has and continues to be a great resource providing education so legislators can present a better case when proposing increased funding. We have been advocating for some time that we will save money-keeping people out of prisons now that we have actual figures, it makes it easier for us to advocate.

Senator Kelly reiterated that the Communicare Region does a great job stretching their funding with the decreases they have experienced over the past few years. More funding is definitely needed, but the region does a great job offering services with limited funding.

Dr. Purvis added that Communicare is one of two Mental Health Regions that provides Substance Abuse treatment to Class D felons through a federal grant and do a great job.

Scott Hullinger, Regional Planning Council, Region 3 (River Valley)

- Adolescent Substance Abuse Services are needed.
- No adolescent residential services are available in the region.
- There is also a lack of providers in Region 3.

Scott Hullinger reported that within Region 3 alone there is approximately 31,000 adolescents and very limited substance abuse services for them. The region only has 27 people that are CADIC qualified. In addition to the planning council the community at large is also realizing there are no services available. Providing substance abuse services to adolescents would keep many of those individuals out of detention centers.

John Walker, Regional Planning Council, Region 2 (Pennyroyal)

- Licensing Boards make it difficult for us to hire qualified person from other areas even if they have good credentials.
- Crisis Stabilization Funding has been reduced.
- New programs are being funded but older, existing programs are not.

John Walker stated that they are privileged to be one of the fiscal agents working with the Olmstead Program. Region 2 works with Western State Hospital implementing Olmstead. For example, 15 clients who participate in Olmstead have avoided approximately 21 months of hospitalization. \$202,000 have been deferred in hospitalization costs and only \$33,000 has been spent. Client numbers are increasing but with a \$200,000 Olmstead ceiling and more funding is needed to continue serving these clients. Region 2 is working with the University of Kentucky in developing a transitional living program for Substance Abusing Women and their children.

Scott Johnston, Regional Planning Council Chair, Allison Ogden, CEO, Region 1 (Four Rivers)

- Three full service facilities located in three counties were forced to close due to funding decreases.
- The underinsured and uninsured are no longer served in the region.

Scott reported that the primary concern in Region 1 is an overall decrease in funding.

Senator Kelly stated that the presentations from the various Regions have been very helpful and the insight has been beneficial in improving the overall process. One issue that stands out is that the funding dollars need to be more flexible.

Representative Siler pointed out that Mike Townsend would be retiring from the Division at the end of the month and reiterated how much Mike has contributed over the years and how much he will be missed. Representative Siler also stated that because he has been involved with Mental Health for such a long time that what we are doing today is so much improved over the past when dealing with Mental Health.

Representative Marzian stated that because of the presentations from the people, who are truly working on the frontlines, their input is both educational and informative to the members of the Commission when pursuing legislative issues.

With no further business, the meeting was adjourned.